

MISSOURI DEPARTMENT OF REVENUE DIVISION OF TAXATION AND COLLECTION PO BOX 811, JEFFERSON CITY, MO 65105-0811

MISSOURI STAMPED CIGARETTES SOLD TO MISSOURI RETAILERS/CONSUMERS SUBJECT TO CITY/COUNTY TAX

SCHEDULE
F-1
(REV. 11-2003)

MONTH OF	
	, 20
LICENSE NUMBER	

INSTRUCTIONS: CO	MPLETE A	SEPARATE SHEET	FOR EAC	H CITY
------------------	----------	----------------	---------	--------

WHOLESALER	CITY OR COUNTY SALES MADE IN

If you have questions or need assistance in completing this form, please call (573) 751-7163 or email excise@dor.mo.gov.

You may also obtain this form from the department's web site at: www.dor.mo.gov/tax/business/excise/tobacco/forms/. TDD (800) 735-2966

INVOICE DATE		INVOICE	STREET ADDRESS AND C		NUMBER OF CIGARETTES (BY PACKS)	
DATE	NUMBER			20s		
			PAGE	TOTAL		
			TOTAL OTHER	PAGES		
			GRAND equest in alternative accessible forms	TOTAL		

INVOICE INVOICE NUMBER		PURCHASER	STREET ADDRESS AND CITY	NUMBER OF CIGARETTES (BY PACKS)	
	NUMBER			20s	25s
				+	
				+	
			TOTAL THIS PAGE quest in alternative accessible format(s).	<u> </u>	